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TO: EXAMINER MEDINA IBRAHIM  
FROM: VIRGINIA DRESS  
RE: U.S. PATENT APPLICATION SERIAL NO. 09/589,510  
ATTORNEY DOCKET NO. 1121E  
DATE: 11/14/03 FAX NUMBER: (703) 872-9307  
NUMBER OF PAGES FOLLOWING THIS SHEET: 2

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**Transmittal Form (1 Page)**  
**Non-Fee Amendment/Response After Notice of Allowance (1 Page)**

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PTO/SB/z1 (08-03)

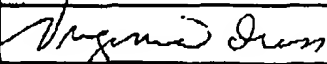
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/589,510
		Filing Date	06/07/2000
		First Named Inventor	Pramd B. Mahajan
		Art Unit	1638
		Examiner Name	Ibrahim, Medina Ahmed
Total Number of Pages in This Submission	2	Attorney Docket Number	1121#

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Virginia Dress
Signature	
Date	November 14, 2003

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Virginia Dress	Date	November 14, 2003
Signature		Date	November 14, 2003

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NOV 14 2003

## CERTIFICATE TRANSMISSION

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE U.S. PATENT AND TRADEMARK OFFICE AT (703) 872-9307 ON NOVEMBER 14, 2003.

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Name (Type or Print) Virginia Dress

Signature



Date

14 November 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

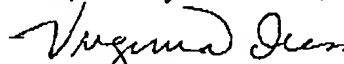
First Named Inventor : Pramod B. Mahajan  
Application Number : 09/589,510  
Filing Date : 06/07/2000  
Title : RuvB Orthologues and Uses Thereof  
Group/Art Unit : 1638  
Examiner : Ibrahim, Medina Ahmed  
Attorney Docket Number : 1121E

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NON-FEE AMENDMENT  
RESPONSE AFTER NOTICE OF ALLOWANCE

In response to the Notice of Allowance and Examiner's Amendment of October 3, 2003, Applicants note a discrepancy between the Notice of Allowability (Form PTO-37) and the Examiner's Amendment. The Notice indicates claim 16 is allowed, while the Examiner's Amendment indicates claim 16 is deleted. In the telephone interview (09/15/03), Applicant's representative agreed to the cancellation of claim 16 in order to expedite allowance. Applicant maintains the rights to pursue claim 16 in a continuing application.

Respectfully submitted,



Virginia Dress  
Agent for Applicant(s)  
Registration No. 48,243

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